

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
09/719411

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2		1		1
3	2		2	
4	①		①	
5	①		1	
6	①		1	
7	①		1	
8	①		1	
9	①		1	
10	①		1	
11	①		1	
12	①		1	
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TOTAL IND.	1		1	
TOTAL DEP.	12	12	12	
Y.O. AL CL. AS	13	13		
FTC-1350 (3-78)				

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IND.	DEP.	IND.
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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		

BEST AVAILABLE COPY